



# LONGVIEW FIRE DEPARTMENT

## AMBULANCE SUBSCRIPTION PROGRAM

**\$70 ANNUALLY**

**THIS IS NOT AN INSURANCE POLICY!**

**OPEN ENROLLMENT OCTOBER 1 – DECEMBER 31**

**IT IS IMPORTANT TO NOTE THAT MEDICAID RECIPIENTS ARE NOT ELIGIBLE FOR THIS PROGRAM!**

I hereby apply for membership in the Longview Fire Department Ambulance Subscription Program. I understand that the enclosed annual fee will provide coverage for me, my spouse, and any unmarried dependent children that are 25 years of age or younger that are full-time students residing at my residence.

### **Medical Authorization/Assignment of Benefits**

I understand that my subscription membership is not an insurance plan and that Longview Fire Department will bill and receive payments from my insurer or third party. I hereby authorize any holder of medical or other information about me to release to the City of Longview Fire Department/EMS Billing Services, and its agents, any information needed to determine Medicare benefits or the benefits payable for related services or any type of insurance claim, now or in the future. I permit a copy of this authorization to be used in place of the original, and request that payment available under any insurance to be made payable directly to the Longview Fire Department/EMS. In the event payment(s) are made or sent to me, I agree to immediately endorse and forward them to the Longview Fire Department/EMS.

### **Lifetime Signature Authorization**

To facilitate processing, I authorize the release to Longview Fire Department/EMS, and the Centers for Medicare or other insurer of any medical information or documentation held by anyone necessary to process a claim whether in the past, now or in the future, and further assign and authorize such payments to Longview Fire Department/EMS. I permit a copy of this authorization to be used in place of the original. The Longview Fire Department Ambulance Subscription Program is not insurance. My membership will not apply if transported by an Ambulance Company other than Longview Fire Department/EMS. Ambulances sent in an emergency are determined by the 911 Emergency System.

I understand that Longview Fire Department E.M.S. provides medically necessary ambulance transportation and that any violations of the terms of this agreement may result in immediate cancellation of my membership or other penalty. I also understand that this membership is non-refundable and non-transferable.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **PAYMENT OPTIONS**

- ☐ Check or Money Order made payable to City of Longview EMS
- ☐ Cash
- ☐ Credit Card – Credit Card Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Security (CVC) Code: \_\_\_\_\_

**"PLEASE SEE BACK FOR MEMBER INFORMATION"**

# MEMBER INFORMATION

## Instructions:

**New Subscription** – Please provide all information, sign, and return with payment.

**Renewal** – Please enter your name, address, and sign the other side of this form. If there are no changes please check the box “No Changes” and send the signed form back to us with your payment.

<b>HEAD OF HOUSEHOLD</b> Male _____ Female _____ <input type="checkbox"/> <b>No Changes</b>	
<b>First Name:</b>	<b>Last Name:</b>
<b>Social Security # :</b>	<b>Date of Birth:</b>
<b>Insurance Company:</b>	<b>Member ID:</b>
<b>Supp. Insurance:</b>	<b>Member ID:</b>
<b>Residential Address:</b>	
<b>Mailing Address:</b>	

<b>SPOUSE</b> Male _____ Female _____ <input type="checkbox"/> <b>No Changes</b>	
<b>First Name:</b>	<b>Last Name:</b>
<b>Social Security # :</b>	<b>Date of Birth:</b>
<b>Insurance Company:</b>	<b>Member ID:</b>
<b>Supp. Insurance:</b>	<b>Member ID:</b>
<b>Residential Address:</b>	
<b>Mailing Address:</b>	

<b>DEPENDENTS RESIDING AT ADDRESS</b>			
<b>First Name</b>	<b>Last Name</b>	<b>Date of Birth</b>	<b>Male or Female</b>

**Please return payment and application to:**

**City of Longview Fire/EMS  
P.O. Box 1952  
Longview, TX. 75606**